

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2008

through

09

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

10

17

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		1507360.96
(b) Cash on Hand at Beginning of Reporting Period	1306960.74	
(c) Total Receipts (from Line 19)	259154.98	1084792.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1566115.72	2592153.32
7. Total Disbursements (from Line 31)	230389.89	1256427.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1335725.83	1335725.83
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	77569.27	414889.44
(i) Itemized (use Schedule A)		
(ii) Unitemized	45204.59	235501.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	122773.86	650390.44
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	975.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	122773.86	651365.44
12. Transfers From Affiliated/Other Party Committees	133900.00	401160.33
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2000.00	28000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	481.12	4266.59
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	259154.98	1084792.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	259154.98	1084792.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	8914.89	102762.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	8914.89	102762.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	221475.00	1062450.00
24. Independent Expenditure (use Schedule E)	0.00	88000.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	804.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1560.33
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2365.08
29. Other Disbursements.....	0.00	850.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	230389.89	1256427.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	230389.89	1256427.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	122773.86	651365.44
34. Total Contribution Refunds (from Line 28(d))	0.00	2365.08
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	122773.86	649000.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8914.89	102762.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8914.89	102762.41

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert H. Bezanson

Mailing Address 4323 East Crosswinds Place

City

Springfield

State

MO

Zip Code

65809

FEC ID number of contributing
federal political committee.

C

Name of Employer
CoxHealth

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 8

Transaction ID: 15867650

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Bruce Rieker

Mailing Address 9618 St. Clement Circle

City

Lincoln

State

NE

Zip Code

68526-9765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nebraska Hospital Associa-
tion

Occupation

Vice President, Advocacy

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 8

Transaction ID: 15877008

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Michael Hansen

Mailing Address Box 100

City

Pender

State

NE

Zip Code

68047-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pender Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: 15877010

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Earl N Sheehy

Mailing Address P O Box 185

City

Wahoo

State

NE

Zip Code

68066-0185

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saunders Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: 15877013

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. James P Ulrich, Jr.

Mailing Address 1301 East H Street; PO Box 1328

City

McCook

State

NE

Zip Code

69001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: 15877017

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Neil Hilton

Mailing Address 181 N. Pine Street

City

Ainsworth

State

NE

Zip Code

69210-1538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 15877019

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Iseke, M.D.

Mailing Address P O Box 189

City

Lawrence

State

MA

Zip Code

01842-0389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Hospital

Occupation

Vice President Clinical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: 15877022

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey W Martin

Mailing Address 700 South Main Street

City

Moscow

State

ID

Zip Code

83843-3056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gritman Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 8

Transaction ID: 15877033

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Victoria A Alexander

Mailing Address P O Box 700

City

Salmon

State

ID

Zip Code

83467-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steele Memorial Medical
Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 8

Transaction ID: 15877034

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Gordon L Alexander, M.D.

Mailing Address 2450 Riverside Avenue

City

Minneapolis

State

MN

Zip Code

55454-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Minnesota
Medical Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: 15878028

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jason Carlson

Mailing Address 1010 South Birch Street

City

Hallock

State

MN

Zip Code

56728-4215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kittson Memorial Healthca-
re Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: 15878031

Amount of Each Receipt this Period

122.00

C.

Full Name (Last, First, Middle Initial)

Mr Mark A Skubic

Mailing Address 6500 Excelsior Boulevard

City

Minneapolis

State

MN

Zip Code

55426-4702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Park Nicollet Health Serv-
ices

Occupation
Vice President Government Relations and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: 15878040

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

622.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Lowell C. Kruse, FACHE

Mailing Address 7300 SE 75th Road

City

Saint Joseph

State

MO

Zip Code

64507-8073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: 15878076

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas H Rockers

Mailing Address 153 Gay Avenue

City

Clayton

State

MO

Zip Code

63105-3665

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Anthony's Medical Cen-
ter

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: 15878083

Amount of Each Receipt this Period

211.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles V. Robb

Mailing Address 5461 Northeast Northgate Crossing

City

Lee's Summit

State

MO

Zip Code

64064-1231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Luke's Health System

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 15878379

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1611.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert S. Bonney

Mailing Address 11522 Carter Street

City

Overland Park

State

KS

Zip Code

66210-2918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Luke's Health System

Occupation

Sr. V.P., Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 15878380

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Ms. Nancy L. Seelen

Mailing Address 333 West Meyer Blvd., #715

City

Kansas City

State

MO

Zip Code

64113-1743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Luke's Health System

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 15878381

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. Roger M. Eitelman

Mailing Address 111 Foxhall Road

City

Charles Town

State

WV

Zip Code

25414-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer
WVU Hospitals - East

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: 15879592

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Glenn Crotty, Jr., M.D.

Mailing Address 36E Coventry Road

City

South Charleston

State

WV

Zip Code

25309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charleston Area Medical
Center

Occupation

Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: 15879595

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen P Dexter

Mailing Address 7 Stony Point Road

City

Charleston

State

WV

Zip Code

25314-1663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomas Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: 15879596

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph Endrich, M.D.

Mailing Address 362 Hudson Hill

City

Weirton

State

WV

Zip Code

26062-5582

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weirton Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: 15879597

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Larry C Hudson

Mailing Address 5035 Bennington Drive

City

State

Zip Code

Cross Lanes

WV

25313-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charleston Area Medical
Center

Occupation

Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: 15879600

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Alan N. King

Mailing Address 518 Chalagi Lane

City

State

Zip Code

Vienna

WV

26105-8282

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: 15879601

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dan Lauffer, , FACHE

Mailing Address 1039 Pendleton Place

City

State

Zip Code

Hurricane

WV

25526-9484

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: 15879602

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Richard L. Miller

Mailing Address #4 Stony Point Road

City

Charleston

State

WV

Zip Code

25314-1670

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Virginia Hospital As-
sociation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	8

Transaction ID: 15879615

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. David L Ramsey

Mailing Address 20 Wildacre Road

City

Charleston

State

WV

Zip Code

25314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charleston Area Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	8

Transaction ID: 15879629

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. David J Robertson

Mailing Address 2052 Iron Bridge Circle

City

Morgantown

State

WV

Zip Code

26508-8064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monongalia General Hospit-
al

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	8

Transaction ID: 15879636

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Robert D Whitler

Mailing Address 5 Evergreen Drive

City

Elkview

State

WV

Zip Code

25071-9314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charleston Area Medical
Center

Occupation

Vice President Government and Communit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	8

Transaction ID: 15879643

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Edward J Bonn

Mailing Address 11 Upper Riverdale Road SW

City

Riverdale

State

GA

Zip Code

30274-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	8

Transaction ID: 15880167

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms Mary Kay Gardenier

Mailing Address 11 Upper Riverdale Road SW

City

Riverdale

State

GA

Zip Code

30274-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Regional Medical
Center

Occupation

Senior Vice President Operations and C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	8

Transaction ID: 15880171

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Ethan James

Mailing Address 1675 Terrell Mill Road

City

Marietta

State

GA

Zip Code

30067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Hospital Associat-
ion

Occupation

Director of Grassroots and Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	8

Transaction ID: 15880175

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Yarborough, , FACHE

Mailing Address 70 Medical Center Drive

City

Commerce

State

GA

Zip Code

30529-1078

FEC ID number of contributing
federal political committee.

C

Name of Employer
BJC Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	8

Transaction ID: 15880181

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John H Jeter, , M.D.

Mailing Address 3103 Tam O'Shanter

City

Hays

State

KS

Zip Code

67601-8100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hays Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	8

Transaction ID: 15880191

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert K. Page

Mailing Address 12610 W. 71st. St.

City

Shawnee

State

KS

Zip Code

66216-2635

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kansas Hosp-
ital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: 15880217

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Janet Stanek

Mailing Address 6755 SW Dancaster Road

City

Topeka

State

KS

Zip Code

66610-1412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stormont-Vail HealthCare

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: 15880223

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Glenn A Fosdick, , FACHE

Mailing Address 987400 Nebraska Medical Center

City

Omaha

State

NE

Zip Code

68198-7400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nebraska Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: 15882001

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Dennis E Klima

Mailing Address 640 South State Street

City

Dover

State

DE

Zip Code

19901-3597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayhealth Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 8

Transaction ID: 15882012

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Ms Terry Murphy

Mailing Address 640 South State Street

City

Dover

State

DE

Zip Code

19901-3597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayhealth Medical Center

Occupation

Executive Vice President and Chief Op

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 8

Transaction ID: 15882013

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Deborah L. Watson

Mailing Address 77 Brynberry Court

City

Magnolia

State

DE

Zip Code

19962-1596

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayhealth Medical Center

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 8

Transaction ID: 15882014

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mrs. Bonnie Perratto

Mailing Address 6 Derbyshire Ct.

City

Dover

State

DE

Zip Code

19904-5746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayhealth Medical Center

Occupation

Sr.VP/Chief Nurse Executive

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	8

Transaction ID: 15882015

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Timothy M. Callaghan

Mailing Address 14006 West 73rd Street

City

Shawnee

State

KS

Zip Code

66216-3794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Luke's Health System

Occupation

Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	8

Transaction ID: 15882027

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Don L. Sipes

Mailing Address 8704 Northwest 85th Court

City

Kansas City

State

MO

Zip Code

64153-2356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Luke's Northland Ho-
spital-Smithv

Occupation

Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	8

Transaction ID: 15882028

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Vincent C. Caponi

Mailing Address 8166 Darnley Court

City

Indianapolis

State

IN

Zip Code

46260-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Health

Occupation

Hospital CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: 15882728

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dennis W Dawes, , FACHE

Mailing Address 1000 E. Main St.

City

Danville

State

IN

Zip Code

46122-1948

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hendricks Regional Health

Occupation

Hospital President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: 15882732

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. David R Doerr

Mailing Address 11200 S. State Rd. 63

City

Terre Haute

State

IN

Zip Code

47802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Hospital

Occupation

Hospital CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: 15882733

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Scott R Graybill

Mailing Address 268 Meadowlark Lane

City

Bremen

State

IN

Zip Code

46506-1846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Hospital of Bre-
men

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 15882737

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Katherine Humphreys

Mailing Address PO Box 935

City

South Bend

State

IN

Zip Code

46624-0935

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Health

Occupation

Hospital Senior VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 15882741

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ray V Ingham, , Ph.D.

Mailing Address 217 East Drive

City

Lebanon

State

IN

Zip Code

46052-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Witham Memorial Hospital

Occupation

Hospital President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 15882742

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Greg W Lintjer

Mailing Address 53308 Monticola Ln.

City

Bristol

State

IN

Zip Code

46507-9692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elkhart General Hospital

Occupation

Hospital President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 15882747

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gary A Meyer

Mailing Address 2280 Locust Court East

City

Seymour

State

IN

Zip Code

47274-8672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schneck Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 15882748

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr Tom Van Osdol

Mailing Address 2015 Jackson Street

City

Anderson

State

IN

Zip Code

46016-4339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint John's Health System

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 15882951

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Linda E White

Mailing Address 5505 Timberlake Court

City

Evansville

State

IN

Zip Code

47710-4134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Hospital

Occupation

Hospital CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 15882952

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen M Erixon

Mailing Address 220 Windy Ridge

City

Hollister

State

MO

Zip Code

65672-5725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skaggs Community Health
Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: 15883142

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas G Bartlett, III, M.D.

Mailing Address 25117 Highway 15

City

Union

State

MS

Zip Code

39365-9088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laird Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: 15883386

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

792.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Sam W. Cameron

Mailing Address 28 Waterford Place

City

Jackson

State

MS

Zip Code

39211-2945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Hospital Asso-
ciation

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: 15883395

Amount of Each Receipt this Period

77.50

B.

Full Name (Last, First, Middle Initial)

Mr. Charles L Denton

Mailing Address 960 Avent Drive

City

Grenada

State

MS

Zip Code

38901-5230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grenada Lake Medical Cent-
er

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: 15883401

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Putt

Mailing Address 2500 North State Street

City

Jackson

State

MS

Zip Code

39216-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals and
Clinics, Univ

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: 15884190

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

627.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Marcella McKay

Mailing Address 322 Helmsley Drive

City

Brandon

State

MS

Zip Code

39047-8159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Hospital Asso-
ciation

Occupation

President & CEO, MHA Health Foundation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: 15884199

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gerald D Wages

Mailing Address 830 S. Gloster Street

City

Tupelo

State

MS

Zip Code

38801-4996

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Mississippi Health
Services, Inc

Occupation

Interim President and Chief Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: 15884204

Amount of Each Receipt this Period

875.00

C.

Full Name (Last, First, Middle Initial)

Mr. G. Douglas Higginbotham

Mailing Address P O Box 607

City

Laurel

State

MS

Zip Code

39441-0607

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Central Regional Me-
dical Center

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: 15884206

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

1160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. W. Kent Rogers

Mailing Address 835 Medical Center Drive

City

West Point

State

MS

Zip Code

39773-9320

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Mississippi Medical
Center-West

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: 15884208

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Davis A Richards, III

Mailing Address 1050 River Oaks Drive

City

Flowood

State

MS

Zip Code

39232

FEC ID number of contributing
federal political committee.

C

Name of Employer
River Oaks Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: 15884217

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jimmy Graves

Mailing Address 100 Hospital Drive

City

Tylertown

State

MS

Zip Code

39667-2099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Walthall County General
Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: 15884218

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Andrew Mayo

Mailing Address 5241 Boswell Road

City

Memphis

State

TN

Zip Code

38120-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkwood Behavioral Health
System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: 15884220

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. C. Gerald Cotton

Mailing Address 1225 N. State Street

City

Jackson

State

MS

Zip Code

39202-2064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Baptist Medic-
al Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: 15884221

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Hank Wheeler

Mailing Address 133 Poinsetta Loop

City

Pass Christian

State

MS

Zip Code

39571-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hancock Medical Center

Occupation

Facilities Services Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: 15884222

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Louis J Woolf

Mailing Address 81 Highland Avenue

City

Salem

State

MA

Zip Code

01970-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Medical Center

Occupation

Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 8

Transaction ID: 15885273

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr Gary Lapidus

Mailing Address 1 Biotech Park

City

Worcester

State

MA

Zip Code

01605-2982

FEC ID number of contributing
federal political committee.

C

Name of Employer
UMass Memorial Health Care, Inc.

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: 15885276

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Don Adams

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15897003

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

925.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Jerry Alexander

Mailing Address 153 East Monte Painter Drive

City

Fayetteville

State

AR

Zip Code

72703-4002

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEALTHSOUTH Rehabilitation
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	8

Transaction ID: 15897005

Amount of Each Receipt this Period

227.50

B.

Full Name (Last, First, Middle Initial)

Mr. Robert P Atkinson, , FACHE

Mailing Address 1600 West 40th Avenue

City

Pine Bluff

State

AR

Zip Code

71603-7089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	8

Transaction ID: 15897006

Amount of Each Receipt this Period

227.50

C.

Full Name (Last, First, Middle Initial)

Mr. David Cicero

Mailing Address P O Box 797

City

Camden

State

AR

Zip Code

71701-0797

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ouachita Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	8

Transaction ID: 15897281

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Tina Creel

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Hospital Associa-
tion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15897282

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul Cunningham

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Hospital Associa-
tion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15897284

Amount of Each Receipt this Period

325.00

C.

Full Name (Last, First, Middle Initial)

Mr. Harrison M Dean, , FACHE

Mailing Address 3333 Springhill Drive

City

North Little Rock

State

AR

Zip Code

72117-2922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health Medical Ce-
nter - North

Occupation

Senior Vice President and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15897285

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)

877.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Bob Grant

Mailing Address 2302 College Avenue

City

Conway

State

AR

Zip Code

72032-6297

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conway Regional Medical
Center

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15897681

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Mr. Russell D Harrington, Jr., FAC

Mailing Address 9601 Interstate 630, Exit 7

City

Little Rock

State

AR

Zip Code

72205-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15897682

Amount of Each Receipt this Period

325.00

C.

Full Name (Last, First, Middle Initial)

Mr. Timothy E Hill

Mailing Address 620 N. Willow

City

Harrison

State

AR

Zip Code

72601-2994

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Arkansas Regional
Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15897683

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Beth Ingram

Mailing Address Arkansas Hospital Association
419 Natural Resources Drive

City State Zip Code
Little Rock AR 72205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15898657

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Mr. Edward L. Lacy, , FACHE

Mailing Address 2319 Hwy. 110 West

City State Zip Code
Heber Springs AR 72543-3442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health Medical Ce-
nter-Heber Sp

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15898658

Amount of Each Receipt this Period

227.50

C.

Full Name (Last, First, Middle Initial)

Mr. Peter Leer

Mailing Address 4301 West Markham

City State Zip Code
Little Rock AR 72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAMS Medical Center

Occupation
Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15898660

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Luther J Lewis, , FACHE

Mailing Address P O Box 1998

City

El Dorado

State

AR

Zip Code

71731-1998

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of South
Arkansas

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15898661

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Mr. Phil E. Matthews

Mailing Address 419 Natural Resources Dr.

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Hospital Associa-
tion

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15899584

Amount of Each Receipt this Period

650.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mike McCoy

Mailing Address 1808 West Main Street

City

Russellville

State

AR

Zip Code

72801-2724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Mary's Regional Med-
ical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15899585

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)

1202.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Harold E Mitchell, Jr.

Mailing Address 404 South Bradley Street

City

Warren

State

AR

Zip Code

71671-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bradley County Medical Ce-
nter

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15899587

Amount of Each Receipt this Period

227.50

B.

Full Name (Last, First, Middle Initial)

Mr. Raymond W Montgomery, II, FACHE

Mailing Address 3214 East Race Avenue

City

Searcy

State

AR

Zip Code

72143-4810

FEC ID number of contributing
federal political committee.

C

Name of Employer
White County Medical Cent-
er

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15899588

Amount of Each Receipt this Period

325.00

C.

Full Name (Last, First, Middle Initial)

Robert L Morse

Mailing Address 1100 East Poplar Street

City

Clarksville

State

AR

Zip Code

72830-4419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnson Regional Medical
Center

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15899589

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 149

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Kristy Noble

Mailing Address 214 Carter Street

City

Berryville

State

AR

Zip Code

72616-4303

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John's Hospital-Berry-
ville

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15900201

Amount of Each Receipt this Period

227.50

B.

Full Name (Last, First, Middle Initial)

Mr. Ben E. Owens, , FACHE

Mailing Address Post Office Box 9320

City

Jonesboro

State

AR

Zip Code

72403-9320

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Bernards Medical Cent-
er

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15900202

Amount of Each Receipt this Period

227.50

C.

Full Name (Last, First, Middle Initial)

Mr. Scott Peek

Mailing Address Highway 10 at Detroit

City

Danville

State

AR

Zip Code

72833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chambers Memorial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15900204

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Ron Peterson

Mailing Address 624 Hospital Drive

City

Mountain Home

State

AR

Zip Code

72653-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15900205

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Mr. Barry Pipkin

Mailing Address 21 Bridgeway Road

City

North Little Rock

State

AR

Zip Code

72113-9516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Universal Health Services
Inc

Occupation

Chief Executive Officer and Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15900206

Amount of Each Receipt this Period

227.50

C.

Full Name (Last, First, Middle Initial)

Mr. Herbert K Reamey, III, FACHE

Mailing Address P O Box 206

City

Magnolia

State

AR

Zip Code

72031-0206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ozark Health Medical Center

Occupation

Chief Executive Officer and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15914963

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Ronald K Rooney, , FACHE

Mailing Address P O Box 339

City

Paragould

State

AR

Zip Code

72451-0339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Methodist Medical
Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15914964

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Mr. Bo Ryall

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Hospital Associa-
tion

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15914965

Amount of Each Receipt this Period

650.00

C.

Full Name (Last, First, Middle Initial)

Nathan Anspach

Mailing Address 1511 Algardi Avenue

City

Coral Gables

State

FL

Zip Code

33146-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Health System

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15914990

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 149

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Frank Barrett

Mailing Address 1611 NW 12th Avenue

City

Miami

State

FL

Zip Code

33136-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Health System

Occupation

Executive Vice President Corporate Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15914992

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul Belcher

Mailing Address Rt. 15, Box 241

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15914999

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Timothy W Cook

Mailing Address P O Box 9400

City

Sebring

State

FL

Zip Code

33871-9400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Heartland
Medical Cen

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15915043

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Brehm

Mailing Address 1199 Pleasant Valley Way

City

West Orange

State

NJ

Zip Code

07052-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kessler Institute for Reh-
abilitation

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.25

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: 15918269

Amount of Each Receipt this Period

306.25

B.

Full Name (Last, First, Middle Initial)

Dr. Bruce M Gans, M.D.

Mailing Address 6 Amherst Road

City

Chatham

State

NJ

Zip Code

07928-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kessler Institute for Reh-
abilitation

Occupation
Executive Vice President and Chief Med

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.25

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: 15918288

Amount of Each Receipt this Period

306.25

C.

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.35

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: 15918292

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

617.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: 15918293

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Mr. Al Maghazehe

Mailing Address 750 Brunswick Avenue

City

Trenton

State

NJ

Zip Code

08638-4143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1819.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: 15918301

Amount of Each Receipt this Period

1819.00

C.

Full Name (Last, First, Middle Initial)

Mr. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: 15918313

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

1829.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Valerie Sellers

Mailing Address 82 Millers Grove Road

City

Belle Mead

State

NJ

Zip Code

08502-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Senior V.P., Health Planning & Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: 15918315

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: 15918331

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.35

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: 15918339

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: 15918341

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Mr. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: 15918353

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Ms. Valerie Sellers

Mailing Address 82 Millers Grove Road

City

Belle Mead

State

NJ

Zip Code

08502-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Senior V.P., Health Planning & Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: 15918354

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

15.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Olga Dazzo

Mailing Address 1111 Crandon Blvd., A-507

City

Key Biscayne

State

FL

Zip Code

33149-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Health System

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15918362

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jeff Feasel

Mailing Address 303 North Clyde Morris Blvd

City

Daytona Beach

State

FL

Zip Code

32114-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15918375

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. William A Giudice

Mailing Address 1300 Miccosukee Road

City

Tallahassee

State

FL

Zip Code

32308-5093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Memorial Heal-
thCare

Occupation

Chief Financial Officer and Vice Presi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15918390

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Lars Houmann

Mailing Address 601 East Rollins Street

City

Orlando

State

FL

Zip Code

32803-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15918403

Amount of Each Receipt this Period

550.00

B.

Full Name (Last, First, Middle Initial)

Dr Gerard A Kaiser, M.D.

Mailing Address 1611 NW 12th Avenue

City

Miami

State

FL

Zip Code

33136-1094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Health System

Occupation
Executive Vice President and Chief Med

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15918409

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr Steven M Klein

Mailing Address 1611 NW 12th Avenue

City

Miami

State

FL

Zip Code

33136-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Health System

Occupation
Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15918415

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. John Mahoney, MD

Mailing Address 2920 Ivanahoe Road

City

Tallahassee

State

FL

Zip Code

32312-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Memorial Heal-
thCare

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15918564

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Isaac Mallah

Mailing Address P O Box 4227

City

Tampa

State

FL

Zip Code

33677-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15918565

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stephen Mason

Mailing Address 3909 Snapper Pointe Drive

City

Tampa

State

FL

Zip Code

33611-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
BayCare Health System

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15918566

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Jason Moore

Mailing Address 2112 Doral Drive

City

Tallahassee

State

FL

Zip Code

32312-3159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Memorial Heal-
thCare

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15918888

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dennis Proul

Mailing Address 11873 Wexford Blvd.

City

Spring Hill

State

FL

Zip Code

34609-9260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Health System

Occupation

SVP&CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15919943

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Deanna Schaefer

Mailing Address 16 Remington Road

City

Ormond Beach

State

FL

Zip Code

32174-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Health Medical Ce-
nter

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15919960

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Alfred G Stubblefield

Mailing Address 1717 North 'E' Street, Ste 320

City

Pensacola

State

FL

Zip Code

32501-6377

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health Care Corpo-
ration

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15919993

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. James D. Jackson

Mailing Address Post Office Box 668

City

Prestonsburg

State

KY

Zip Code

41653-0668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highlands Regional Medical
Center

Occupation
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15922746

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael J Gibbons

Mailing Address 109 Brittany Court

City

Lakeside Park

State

KY

Zip Code

41017-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Elizabeth Medical Cen-
ter-North

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15922768

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Connie Smith

Mailing Address P O Box 90010

City

Bowling Green

State

KY

Zip Code

42102-9010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center at Bowling
Green, The

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15922769

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert D Fraraccio, , CHE

Mailing Address P O Box 630

City

Winchester

State

KY

Zip Code

40392-0630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clark Regional Medical Ce-
nter

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15922770

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert L. Shircliff

Mailing Address 2104 Rudy Lane

City

Louisville

State

KY

Zip Code

40207-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewish Hospital & St. Mar-
y's HealthCar

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15922771

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Alan Coppock

Mailing Address One Trillium Way

City

Corbin

State

KY

Zip Code

40701-8426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oak Tree Hospital

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15922791

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Anthony Powers

Mailing Address 1 Trillium Way

City

Corbin

State

KY

Zip Code

40701-8426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Regional Medical
Center

Occupation

VP of Patient Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15922793

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sharon A. Gale, RN, MSN

Mailing Address 101 Cambridge Street
220

City

Burlington

State

MA

Zip Code

01803-3766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Organization
of Nurse Ex

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: 15924227

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Terry Peeples

Mailing Address P O Box 2400

City

Hopkinsville

State

KY

Zip Code

42241-2400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jennie Stuart Medical Cen-
ter

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15924741

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ken Haynes

Mailing Address One Saint Joseph Drive

City

Lexington

State

KY

Zip Code

40504-3742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Joseph Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15924742

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sherrie Newcomb

Mailing Address P O Box 472

City

Jenkins

State

KY

Zip Code

41537-0472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jenkins Community Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15924764

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 51 / 149

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Bernard L Mattingly

Mailing Address P O Box 340

City

Cookeville

State

TN

Zip Code

38503-0340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cookeville Regional Medic-
al Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 15925187

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Debra Moore

Mailing Address 2525 De Sales Avenue

City

Chattanooga

State

TN

Zip Code

37404-1161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health Care Syst-
em

Occupation

Interim CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 15925188

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. John Sackett

Mailing Address 100 Health Park Drive

City

Louisville

State

CO

Zip Code

80027-9583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avista Adventist Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: 15927586

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James W Boyle

Mailing Address 2525 South Downing Street

City

Denver

State

CO

Zip Code

80210-5876

FEC ID number of contributing
federal political committee.

C

Name of Employer
Porter Adventist Hospital

Occupation

Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: 15927597

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Lesley Radocy

Mailing Address 100 Health Park Drive

City

Louisville

State

CO

Zip Code

80027-9583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avista Adventist Hospital

Occupation

Trustee

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: 15927600

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Arlen Reynolds

Mailing Address 1888 Inverness Drive West, #500

City

Englewood

State

CO

Zip Code

80112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centura Health

Occupation

Chief Executive Officer Interim

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: 15927608

Amount of Each Receipt this Period

725.00

SUBTOTAL of Receipts This Page (optional)

1225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Gary Campbell

Mailing Address 188 Inverness Drive West #500

City

Englewood

State

CO

Zip Code

80112-5204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centura Health

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: 15927617

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gerard J. Grimaldi

Mailing Address 12206 Washington Court

City

Kansas City

State

MO

Zip Code

64145-1761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Truman Medical Centers

Occupation
VP, Health Policy & Governmental Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15928795

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mary C. Becker

Mailing Address 7800 South Eagle Road

City

Columbia

State

MO

Zip Code

65203-9017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation
Senior VP, Commc. & Health Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.65

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15928804

Amount of Each Receipt this Period

19.45

SUBTOTAL of Receipts This Page (optional)

494.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Dwight L. Fine

Mailing Address 12675 Riviera Heights Road

City

Holts Summit

State

MO

Zip Code

65043-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation

Sr. Vice President, Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

944.52

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15928811

Amount of Each Receipt this Period

55.56

B.

Full Name (Last, First, Middle Initial)

Mr. Daniel R. Landon

Mailing Address 611 Belridge Drive
P.O. Box 60

City

Jefferson City

State

MO

Zip Code

65109-0755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.65

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15928815

Amount of Each Receipt this Period

19.45

C.

Full Name (Last, First, Middle Initial)

Ms. Kathleen C. Poff

Mailing Address 5119 Coventry Waye

City

Jefferson City

State

MO

Zip Code

65101-8284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.65

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15928832

Amount of Each Receipt this Period

19.45

SUBTOTAL of Receipts This Page (optional)

94.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Marc D. Smith

Mailing Address 5612 Tanner Bridge Road

City

Jefferson City

State

MO

Zip Code

65101-8275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

944.52

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 15928842

Amount of Each Receipt this Period

55.56

B.

Full Name (Last, First, Middle Initial)

Ms. Margaret Hinson

Mailing Address 1824 Jones Road

City

Weiser

State

ID

Zip Code

83672-5536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weiser Memorial Hospital

Occupation

Board Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: 15930138

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Don Soltman

Mailing Address 5421 West Fairway Lane #12

City

Rathdrum

State

ID

Zip Code

83858-6673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kootenai Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: 15930139

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

555.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Gary L. Fletcher

Mailing Address 1249 Harcourt Drive

City

Boise

State

ID

Zip Code

83702-1839

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Regional Medic-
al Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: 15930140

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Sheryl Rickard

Mailing Address Box 1448

City

Sandpoint

State

ID

Zip Code

83864-0877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bonner General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: 15930141

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Patrick Foster

Mailing Address 420 Pearre Springs Way

City

Franklin

State

TN

Zip Code

37064-4834

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John's Mercy Health
Care

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: 15933630

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Richard E. Meiers

Mailing Address 908 Hokulani Street

City

Honolulu

State

HI

Zip Code

96825-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthcare Association of
Hawaii

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: 15933632

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Sommers

Mailing Address 2006 Irving Street

City

Beatrice

State

NE

Zip Code

68310-2265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beatrice Community Hospital
and Health

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: 15933651

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Steven Kapfhammer

Mailing Address P.O. Box 1522

City

Boston

State

MA

Zip Code

02117-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Medical Center

Occupation
Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 15933741

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Dennis W. Chalke

Mailing Address 80 Jonquil Lane

City

Longmeadow

State

MA

Zip Code

01106-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baystate Medical Center

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 15933742

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Keith C. McLean-Shinaman

Mailing Address 53n Hayes Road

City

Tariffville

State

CT

Zip Code

06081-9631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baystate Health, Inc.

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 15933743

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven F Bradley

Mailing Address 759 Chestnut Street

City

Springfield

State

MA

Zip Code

01199-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baystate Health, Inc.

Occupation

Vice President Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 15933744

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark R Tolosky, , FACHE, J

Mailing Address 759 Chestnut Street

City

Springfield

State

MA

Zip Code

01199-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baystate Health, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 15933745

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. John O Wilhelm, Jr.

Mailing Address 85 Herrick Street

City

Beverly

State

MA

Zip Code

01915-1777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerson Hospital

Occupation

Executive Vice President & Chief Finan

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 15933747

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Michael Curren

Mailing Address 223 Franklin St.

City

Reading

State

MA

Zip Code

01867-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Hospital As-
sociation

Occupation

Sr. VP of Member Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 15933748

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Kevin Smith

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1496

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Hospital

Occupation

Vice President Finance and Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 15933749

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kathy Schuler

Mailing Address 1 Alpine Circle

City

Wakefield

State

MA

Zip Code

01880-1544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Hospital

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 15933750

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dale M Lodge

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1496

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 15933751

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Wayne A. Smith

Mailing Address 1280 South Governors Avenue

City

Dover

State

DE

Zip Code

19904-4802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delaware Healthcare Assoc-
iation

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 15933966

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John A. May

Mailing Address 7 Sun Bonnet Lane

City

Morgantown

State

WV

Zip Code

26508-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wetzel County Hospital

Occupation

Interim CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: 15933981

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. George G Couch

Mailing Address 36 Floral Drive

City

Wheeling

State

WV

Zip Code

26003-5464

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wetzel County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: 15933983

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Hoyt J Burdick, M.D.

Mailing Address 251 High Drive

City

Huntington

State

WV

Zip Code

25705-3527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cabell Huntington Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Transaction ID: 15933984

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jack Phillips

Mailing Address Box 413

City

Ghent

State

WV

Zip Code

25843-0413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raleigh General Hospital

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Transaction ID: 15933985

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Margaret L. McDaniel

Mailing Address Rt. 4, Box 32AA

City

Chapmanville

State

WV

Zip Code

25508-9719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Logan Regional Medical Ce-
nter

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Transaction ID: 15933987

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. George Perich

Mailing Address 905 Riverview Drive

City

Fairmont

State

WV

Zip Code

26554-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont General Hospital

Occupation

Vice President Human Resources and Legal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Transaction ID: 15933989

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin N Fowler

Mailing Address 10 Mountain Medadow Estates

City

Chapmanville

State

WV

Zip Code

25508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Logan Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Transaction ID: 15933992

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael A King

Mailing Address 1503 Greenmont Hills Drive

City

Vienna

State

WV

Zip Code

26105-3282

FEC ID number of contributing
federal political committee.

C

Name of Employer
Camden-Clark Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Transaction ID: 15933993

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Zarina Rasheed, MD

Mailing Address 56 Timberidge Drive

City

Beckley

State

WV

Zip Code

25801-3610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beckley Appalachian Regional Hospital

Occupation

Medical Director (Pathology)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: 15933994

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Tyson Smith

Mailing Address 14 Fairway Drive

City

Huntington

State

WV

Zip Code

25705-2149

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary's Medical Center

Occupation

Vice President, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: 15933995

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Todd Campbell

Mailing Address 125 Water Side Circle

City

Winfield

State

WV

Zip Code

25213-9551

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary's Medical Center

Occupation

Vice President Financial Affairs and C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: 15933998

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas O'Connor

Mailing Address 4050 Coon Rapids Boulevard

City

Coon Rapids

State

MN

Zip Code

55433-2522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 15934033

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Arnold R. Thomas, Jr.

Mailing Address 700 Mustang Drive

City

Bismarck

State

ND

Zip Code

58503-8204

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Dakota Healthcare
Association

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 15934086

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr David Blackmon

Mailing Address P O Box 129

City

Lawton

State

OK

Zip Code

73502-0129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comanche County Memorial
Hospital

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15943637

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Joe Duerr

Mailing Address 501 14th Street

City

Perry

State

OK

Zip Code

73077-5099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Perry Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15943647

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Norma Howard

Mailing Address 1 Hospital Drive

City

Madill

State

OK

Zip Code

73446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnston Memorial Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15943653

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. David E. Morton, Dr. P.H.,

Mailing Address 2825 Natchez Trail

City

Edmond

State

OK

Zip Code

73012-3622

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15943664

Amount of Each Receipt this Period

302.50

SUBTOTAL of Receipts This Page (optional)

1052.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Douglas K Weaver

Mailing Address 3401 W. Gore Blvd.

City

Lawton

State

OK

Zip Code

73505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comanche County Memorial
Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15943694

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Brian K Woodliff

Mailing Address P O Box 1008

City

Tahlequah

State

OK

Zip Code

74465-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tahlequah City Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15943696

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. William W. W Harding

Mailing Address 1305 Independence Circle S.E.

City

New Philadelphia

State

OH

Zip Code

44663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15945201

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

James R Pancost

Mailing Address 295 Hathaway Road

City

Dayton

State

OH

Zip Code

45419-3913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premier Health Partners

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15945213

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Akers

Mailing Address 430 Thorn Hill Lane

City

Middletown

State

OH

Zip Code

45042-3664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atrium Medical Center

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15947781

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City

Upper Arlington

State

OH

Zip Code

43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15947783

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Paula S Bauer

Mailing Address 37830 Jackson Rd

City

Moreland Hills

State

OH

Zip Code

44022-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron General Health System

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15948022

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Bomher

Mailing Address 1151 E. Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Association

Occupation
VP, Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15974640

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Darcie J. Brazel

Mailing Address 11654 Logan Court

City

Orland Park

State

IL

Zip Code

60467-6824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Christ Medical Center

Occupation
COO, CNE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15974641

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Richard Carlson

Mailing Address 1000 North Allen Street

City

Robinson

State

IL

Zip Code

62454-1167

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary's Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15974643

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael S Eesley

Mailing Address 385 Millennium Drive

City

Crystal Lake

State

IL

Zip Code

60012-3761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centegra Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15974651

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Forrest G Hester

Mailing Address Post Office Box 569

City

Lincoln

State

IL

Zip Code

62656-0569

FEC ID number of contributing
federal political committee.

C

Name of Employer
Abraham Lincoln Memorial
Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15976899

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Richard S Kowalski

Mailing Address 3333 North Seminary Street

City

Galesburg

State

IL

Zip Code

61401-1299

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF St. Mary Medical Cent-
er

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15976900

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

E.J. Kuiper

Mailing Address 4001 Stoneledge Court

City

Godfrey

State

IL

Zip Code

62035-1160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Anthony's Health Ce-
nter

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15976901

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Leonard, , M.D.

Mailing Address 611 West Park Street

City

Urbana

State

IL

Zip Code

61801-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carle Foundation Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15976902

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Angela McAuley

Mailing Address 1301 Winston Circle

City

Woodstock

State

IL

Zip Code

60098-3678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centegra Hospital - Woods-
tock

Occupation

Senior Vice President, Women's Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Transaction ID: 15976903

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. James M Moore

Mailing Address 800 NE Glen Oak Avenue

City

Peoria

State

IL

Zip Code

61603-3255

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF Healthcare System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Transaction ID: 15976904

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Doug Rahn

Mailing Address 701 North First Street

City

Springfield

State

IL

Zip Code

62781-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Transaction ID: 15976911

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Rosenberger

Mailing Address 32 Rock River Court

City

Naperville

State

IL

Zip Code

60565-6347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centegra Hospital - Woods-
tock

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15976912

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lee Sacks, M.D.

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation

Executive Vice President and Chief Med

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15976914

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Connie L Schroeder

Mailing Address 640 West Washington Street

City

Pittsfield

State

IL

Zip Code

62363-1350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illini Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15976915

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Jason Sciarro

Mailing Address 14255 Castlebar Trail

City

Woodstock

State

IL

Zip Code

60098-8881

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centegra Hospital - Woods-
tock

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15976916

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Aaron T. Shepley

Mailing Address 385 Millennium Drive

City

Crystal Lake

State

IL

Zip Code

60012-3740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centegra Health System

Occupation

Chief Quality Officer/General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15976918

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Darryl L. Vandervort

Mailing Address 403 East First Street

City

Dixon

State

IL

Zip Code

61021-3187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Katherine Shaw Bethea Hos-
pital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15976921

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark F. Weber, FACHE

Mailing Address P O Box 340

City

Alton

State

IL

Zip Code

62002-0340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Anthony's Health Ce-
nter

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 15976922

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Russ D Sword, FACHE

Mailing Address P O Box 400

City

Crossett

State

AR

Zip Code

71635-0400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashley County Medical Cen-
ter

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 16021635

Amount of Each Receipt this Period

227.50

C.

Full Name (Last, First, Middle Initial)

Joe D Walls

Mailing Address 255 Coon Creek Lane

City

Batesville

State

AR

Zip Code

72501-8274

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Arkansas Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: 16021636

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)

1455.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Doug Weeks, , FACHE

Mailing Address 9601 Interstate 630 Exit 7

City

Little Rock

State

AR

Zip Code

72205-7299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health

Occupation

Sr. Vice President & Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	6	/	2	0	0	8

Transaction ID: 16021637

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Ms. Elisa White

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Hospital Associa-
tion

Occupation

Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	6	/	2	0	0	8

Transaction ID: 16021639

Amount of Each Receipt this Period

325.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mary C. Mayhew

Mailing Address 150 Capitol Street

City

Augusta

State

ME

Zip Code

04330-6858

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine Hospital Association

Occupation

Vice President, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	4	/	2	0	0	8

Transaction ID: 16023701

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Richard Petersen

Mailing Address 120 Fickett Street

City

South Portland

State

ME

Zip Code

04106-6874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: 16023705

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Katie Vaughan

Mailing Address 506A East Howell Avenue

City

Alexandria

State

VA

Zip Code

22301-1216

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1034595121264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

VP & Chief Washington Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1045726221264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

368.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Barbara Jellen

Mailing Address 325 Seventh Street, NW
Suite 700City State Zip Code
Washington DC 20004-2818FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-WashingtOccupation
Section Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1113464221264

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Davon Gray

Mailing Address 325 Seventh Street, NW
Suite 700City State Zip Code
Washington DC 20004-2818FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-WashingtOccupation
Legislative Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.95

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1143013021264

Amount of Each Receipt this Period

28.78

P/R Deduction (\$14.39 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Erin O'Malley

Mailing Address 325 Seventh Street, NW
Suite 700City State Zip Code
Washington DC 20004-2818FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-WashingtOccupation
Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.40

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1222125721264

Amount of Each Receipt this Period

38.90

P/R Deduction (\$19.45 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

95.68

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David L. Allen

Mailing Address 325 Seventh Street, NW

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Associate Director, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1234662821264

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Mary Meadows

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation

Director of Professional Practice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1260472921264

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Michelle Marie Mathy

Mailing Address 1660 Lanier PL Apt. 4

City

Washington

State

DC

Zip Code

20009-2938

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Project Manager/PAC Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1300853721264

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

84.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Alex White, Jr.

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1339349921264

Amount of Each Receipt this Period

116.00

P/R Deduction (\$58.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Frances Margolin

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, Operatinos HRET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1347702721264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. James Wadzinski

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

VP, Operations and Account Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1347703421264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

196.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Jack A. Mackay

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1347703621264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Catherine D. Sewell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

689.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1347708421264

Amount of Each Receipt this Period

106.00

P/R Deduction (\$53.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Susan Gergely

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Director of Operations, AONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1347791021264

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

174.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John Slotman

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1384065321264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Stephanie H. Drake

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Associate Executive Director - ASHHRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1492459921264

Amount of Each Receipt this Period

36.00

P/R Deduction (\$18.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR327629121264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

154.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Debbie F. Weiner

Mailing Address 11004 petersborough Drive

City

Rockville

State

MD

Zip Code

20852-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR327745921264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City

Park Ridge

State

IL

Zip Code

60068-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR327771621264

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR327777221264

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

134.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President, Member Relations

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR327777821264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City

Great Falls

State

VA

Zip Code

22066-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Executive Vice President

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR327801721264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Executive Director

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR327812021264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

158.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City

Arlington

State

VA

Zip Code

22205-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: PR327831721264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: PR327846221264

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City

Washington

State

DC

Zip Code

20008-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: PR327851921264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

108.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR327858021264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
Millis MA 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR327877821264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. George F. Bergstrom

Mailing Address 130 North Garland Court
#3002

City State Zip Code
Chicago IL 60602-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR327895721264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

196.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Judy Williams

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Director, Membership Admin.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR327918921264

Amount of Each Receipt this Period

34.00

P/R Deduction (\$17.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard J Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR328132821264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Barbara Lorsbach

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR328136921264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Lauren A. Barnett

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Director, SHSMD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR328174921264

Amount of Each Receipt this Period

36.00

P/R Deduction (\$18.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR328223821264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR328224921264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

192.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City
Eagle

State
ID

Zip Code
83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR328241421264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City
Arlington

State
VA

Zip Code
22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR328260921264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Richard H. Wade

Mailing Address 1221 Cavalier Road

City
Arnold

State
MD

Zip Code
21012-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR328310421264

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

198.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Steve M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR328312721264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$220.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR328341821264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Carla L. Luggiero

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Sr. Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.40

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR328490121264

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

175.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR328511821264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Vice President, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR328512021264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Director, Psychiatric and Substance Ab

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR329013421264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

158.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. John R. Combes, MD

Mailing Address 1 North Franklin Street

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation

President & COO, Leadership & Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR329071321264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Robyn Cooke

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Washingt

Occupation

Senior Associate Director Executive Br

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR329084421264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR329215721264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

196.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John Evans

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR329342621264

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City

Chicago

State

IL

Zip Code

60626-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Executive Director, ASDVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR329654221264

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Patricia Meersman

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Executive Services Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR330343321264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

96.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR330411621264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Asst. General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR330465221264

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Paul N. Muraca

Mailing Address 4960 138th Cricle West

City

Apple Valley

State

MN

Zip Code

55124

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR330475421264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

146.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City

Arlington

State

VA

Zip Code

22205-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Sr. Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR330534321264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Gene O'Dell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR330547721264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR330549221264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Walter J. Reiter

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
V.P., Advocacy & Member Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR330776121264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Debi H. Tucker, Esq.

Mailing Address 1101 N. Kentucky Street

City State Zip Code
Arlington VA 22205-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, State Issues Forum

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR331278821264

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City State Zip Code
Alexandria VA 22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR331304221264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

108.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jo Ann Webb

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Director, Federal Relations & Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR331379121264

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.80

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR331386921264

Amount of Each Receipt this Period

28.76

P/R Deduction (\$14.38 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Alexander R. White, Sr.

Mailing Address PO Box 15587

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR331416021264

Amount of Each Receipt this Period

116.00

P/R Deduction (\$58.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

172.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Donald May

Mailing Address 521 Great Falls St.

City

Falls Church

State

VA

Zip Code

22046-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Vice President, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR331533221264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Summy

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Director, ASHRM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR346168121264

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Vice President Executive Branch Relati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR517619721264

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

184.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Carlos Jackson

Mailing Address 325 Seventh Street, NW

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.15

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR566280921264

Amount of Each Receipt this Period

47.62

P/R Deduction (\$23.81 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR766023721264

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Rochelle M. Archuleta

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Associate Dir. Policy Developme

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR801366321264

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

115.62

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Lisa Kidder Hrobksy

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR876637221264

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR936292321264

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. David A. Strickland

Mailing Address One N. Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR939603921264

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

84.00

TOTAL This Period (last page this line number only)

77569.27

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City

Rensselaer

State

NY

Zip Code

12144

FEC ID number of contributing
federal political committee.**C** C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	8

Transaction ID: 15878026

Amount of Each Receipt this Period

35000.00

B.

Full Name (Last, First, Middle Initial)

AZHHA Political Action Committee (Federal)

Mailing Address 2901 North Central Avenue
Suite 900

City

Phoenix

State

AZ

Zip Code

85012

FEC ID number of contributing
federal political committee.**C** C00217687

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Transaction ID: 15881986

Amount of Each Receipt this Period

13900.00

C.

Full Name (Last, First, Middle Initial)

New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City

Rensselaer

State

NY

Zip Code

12144

FEC ID number of contributing
federal political committee.**C** C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Transaction ID: 15882004

Amount of Each Receipt this Period

20000.00

SUBTOTAL of Receipts This Page (optional)

68900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 149

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City

Austin

State

TX

Zip Code

78761-5587

FEC ID number of contributing
federal political committee.

C C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

63000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: 15933646

Amount of Each Receipt this Period

15000.00

B.

Full Name (Last, First, Middle Initial)

New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City

Rensselaer

State

NY

Zip Code

12144

FEC ID number of contributing
federal political committee.

C C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 15943745

Amount of Each Receipt this Period

40000.00

C.

Full Name (Last, First, Middle Initial)

Health Alliance of PA PAC - Federal

Mailing Address Post Office Box 8600

City

Harrisburg

State

PA

Zip Code

17105-8600

FEC ID number of contributing
federal political committee.

C C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: 15989081

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

65000.00

TOTAL This Period (last page this line number only)

133900.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 149

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Reynolds For Congress

Mailing Address PO Box 15388
Pittsford

City	State	Zip Code
Rochester	NY	14615

FEC ID number of contributing
federal political committee.**C** C00336065

Name of Employer

Occupation

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

Transaction ID: 15885470

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 149

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

4266.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: 15988648

Amount of Each Receipt this Period

481.12

Interest

SUBTOTAL of Receipts This Page (optional)

481.12

TOTAL This Period (last page this line number only)

481.12

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 105 / 149

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Committee for a Progressive Congress	Transaction ID: 15883325 Date of Disbursement
Mailing Address 555 New Jersey Avenue, NW, Suite 2	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
Purpose of Disbursement 2008 Contribution	<div>5000.00</div>
Candidate Name Committee for a Progressive Congress	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2008 Contribution
B. Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008	Transaction ID: 15883339 Date of Disbursement
Mailing Address 5915 Eastman Ave. Suite 100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 8</div> </div>
City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. David Lee Camp	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
C. Full Name (Last, First, Middle Initial) Cantor For Congress	Transaction ID: 15883364 Date of Disbursement
Mailing Address P. O. Box 17813	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 8</div> </div>
City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Eric I. Cantor	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 106 / 149

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Goode For Congress	Transaction ID: 15883403 Date of Disbursement																				
Mailing Address 235 South Main Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	4		2	0	0	8												
City Rocky Mount State VA Zip Code 24151	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Virgil H. Goode, Jr.	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>	011	Category/Type																		
011																					
Category/Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 05	Contribution																				
B. Full Name (Last, First, Middle Initial) Davis For Congress/Friends Of Davis	Transaction ID: 15884040 Date of Disbursement																				
Mailing Address 5956 W. Race Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	4		2	0	0	8												
City Chicago State IL Zip Code 60644	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Danny K. Davis	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>	011	Category/Type																		
011																					
Category/Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 07	Contribution																				
C. Full Name (Last, First, Middle Initial) John Hall For Congress	Transaction ID: 15884055 Date of Disbursement																				
Mailing Address PO Box 469	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	4		2	0	0	8												
City Beacon State NY Zip Code 12508	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	300.00																			
300.00																					
Candidate Name Rep. John Hall	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>	011	Category/Type																		
011																					
Category/Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 19	Contribution																				

SUBTOTAL of Disbursements This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 107 / 149

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Christopher Shays For Congress Committee

Mailing Address 98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement
In-Kind Contribution: Polling Services

Candidate Name
Rep. Christopher Shays

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: CT District: 04

Transaction ID: 15884071

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

4875.00

In-Kind Contribution: Pol-
ling Services

B.

Full Name (Last, First, Middle Initial)

Longhorn PAC

Mailing Address 228 S. Washington St.
Suite B-20

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2008 Contribution

Candidate Name
Longhorn PAC

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: 15886019

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

2008 Contribution

C.

Full Name (Last, First, Middle Initial)

Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael C. Burgess, M.D.

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: TX District: 26

Transaction ID: 15898466

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6875.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 108 / 149

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Friends Of Tim Johnson

Mailing Address PO Box 17097

City
UrbanaState
ILZip Code
61803Purpose of Disbursement
ContributionCandidate Name
Rep. Timothy V. Johnson

Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 15

Transaction ID: 15899129

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	8

Amount of Each Disbursement this Period

Contribution

B.

Full Name (Last, First, Middle Initial)

McCollum For Congress

Mailing Address P.O. Box 14131

City
St. PaulState
MNZip Code
55114Purpose of Disbursement
ContributionCandidate Name
Rep. Betty McCollum

Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 04

Transaction ID: 15899321

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	8

Amount of Each Disbursement this Period

Contribution

C.

Full Name (Last, First, Middle Initial)

Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City
KensingtonState
MDZip Code
20895Purpose of Disbursement
ContributionCandidate Name
Rep. Chris Van Hollen

Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 08

Transaction ID: 15899883

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	8

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 109 / 149

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
John Spratt For Congress Committee

Mailing Address Post Office Box 10986

City State Zip Code
Rock Hill SC 29731

Purpose of Disbursement
Contribution

Candidate Name
Rep. John M. Spratt, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

State: SC District: 05

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15900156

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City State Zip Code
Springfield MA 01108

Purpose of Disbursement
Contribution

Candidate Name
Rep. Richard E. Neal

Office Sought: ☒ House
☐ Senate
☐ President

State: MA District: 02

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15900306

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

2500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Lofgren For Congress

Mailing Address P.O. Box 8180
Suite 350

City State Zip Code
San Jose CA 95155

Purpose of Disbursement
Contribution

Candidate Name
Rep. Zoe Lofgren

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 16

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15900703

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 110 / 149

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Goode For Congress

Mailing Address 235 South Main Street

City Rocky Mount State VA Zip Code 24151

Purpose of Disbursement
ContributionCandidate Name
Rep. Virgil H. Goode, Jr.Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 05

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 15901331

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	8

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Pastor For Arizona

Mailing Address PO Box 6554

City Phoenix State AZ Zip Code 85005

Purpose of Disbursement
ContributionCandidate Name
Rep. Ed PastorOffice Sought: ☒ House
☐ Senate
☐ President

State: AZ District: 04

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 15901519

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	8

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Hoyer For Congress

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement
ContributionCandidate Name
Rep. Steny H. HoyerOffice Sought: ☒ House
☐ Senate
☐ President

State: MD District: 05

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 15901725

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	8

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) A Whole Lot Of People For Grijalva Committee	Transaction ID: 15902072 Date of Disbursement
Mailing Address PO Box 1242	<div> <div>09</div> <div>10</div> <div>2008</div> </div>
City Tucson State AZ Zip Code 85702	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Raul M. Grijalva	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Contribution
B. Full Name (Last, First, Middle Initial) Moore For Congress	Transaction ID: 15902167 Date of Disbursement
Mailing Address PO Box 14631	<div> <div>09</div> <div>10</div> <div>2008</div> </div>
City Shawnee Mission State KS Zip Code 66285	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Dennis Moore	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Contribution
C. Full Name (Last, First, Middle Initial) Kildee For Congress Committee	Transaction ID: 15902457 Date of Disbursement
Mailing Address P.O. Box 317	<div> <div>09</div> <div>10</div> <div>2008</div> </div>
City Flint State MI Zip Code 48501	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Dale E. Kildee	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Kilpatrick For United States Congress

Mailing Address PO Box 32175

City State Zip Code
Detroit MI 48232

Purpose of Disbursement
Contribution

Candidate Name
Rep. Carolyn Cheeks Kilpatrick

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 13

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15902860

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Andre Carson For Congress

Mailing Address One North Capitol Street #211

City State Zip Code
Indianapolis IN 46204

Purpose of Disbursement
Contribution

Candidate Name
Andre Carson

Office Sought: ☒ House
☐ Senate
☐ President

State: IN District: 07

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15904278

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Klein For Congress

Mailing Address 21301 Powerline Road Suite 204

City State Zip Code
Boca Raton FL 33433

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ronald Klein

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 22

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15904990

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
Contribution

Candidate Name
Rep. Allyson Y. Schwartz

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 13

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15905290

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

3000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Citizens For John Olver For Congress

Mailing Address P.O. Box 819
PO Box 819

City State Zip Code
Amherst MA 01004

Purpose of Disbursement
Contribution

Candidate Name
Rep. John W. Olver

Office Sought: ☒ House
☐ Senate
☐ President

State: MA District: 01

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15921454

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Pascrell For Congress Inc.

Mailing Address Pob 640

City State Zip Code
Totowa NJ 07511

Purpose of Disbursement
Contribution

Candidate Name
Rep. William J. Pascrell, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 08

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15924773

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Capuano For Congress Committee

Mailing Address PO Box 440305

City State Zip Code
Somerville MA 02144

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael E. Capuano

Office Sought: ☒ House
☐ Senate
☐ President

State: MA District: 08

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15924775

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Judy Biggert For Congress

Mailing Address P.O. Box 637

City State Zip Code
Hinsdale IL 60522

Purpose of Disbursement
Contribution

Candidate Name
Rep. Judy Biggert

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 13

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15924782

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Courtney For Congress

Mailing Address 38 Risley Road

City State Zip Code
Vernon CT 06066

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joseph D. Courtney

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 02

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15924785

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Bob Etheridge For Congress Committee

Mailing Address Post Office Box 28001
PO Box 28001

City Raleigh State NC Zip Code 27611

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bob Etheridge

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 02

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15924786

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Friends Of Carolyn McCarthy

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement
Contribution

Candidate Name
Rep. Carolyn McCarthy

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 04

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15924787

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

2000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Citizens For Harkin

Mailing Address P O Box 811

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
Contribution

Candidate Name
Sen. Tom Harkin

Office Sought: ☐ House
☒ Senate
☐ President

State: IA District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15924788

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ellsworth For Congress Committee

Mailing Address P.O. Box 62

City Evansville State IN Zip Code 47701

Purpose of Disbursement
Contribution

Candidate Name
Rep. Brad Ellsworth

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 08

Transaction ID: 15924795

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Contribution

Candidate Name
Rep. Henry A. Waxman

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 30

Transaction ID: 15924808

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

5000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Friends Of Dennis Cardoza

Mailing Address PO Box 2749

City Merced State CA Zip Code 95340

Purpose of Disbursement
Contribution

Candidate Name
Rep. Dennis A. Cardoza

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 18

Transaction ID: 15924811

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Friends Of Dan Maffei Mailing Address PO Box 74	Transaction ID: 15924816 Date of Disbursement <div> <div>09</div> <div>10</div> <div>2008</div> </div>
City Syracuse State NY Zip Code 13214 Purpose of Disbursement Contribution Candidate Name Mr. Daniel Maffei Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 25	Amount of Each Disbursement this Period <div>1500.00</div> Contribution
B. Full Name (Last, First, Middle Initial) Rangel For Congress Mailing Address PO Box 5577 Manhattanville Sta City New York State NY Zip Code 10027 Purpose of Disbursement Contribution Candidate Name Rep. Charles B. Rangel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 15	Transaction ID: 15924822 Date of Disbursement <div> <div>09</div> <div>10</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>3500.00</div> Contribution
C. Full Name (Last, First, Middle Initial) Progressive Voters of America PAC Mailing Address PO Box 852 City Burlington State VT Zip Code 05402 Purpose of Disbursement 2008 Contribution Candidate Name Progressive Voters of America PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 15924835 Date of Disbursement <div> <div>09</div> <div>16</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> 2008 Contribution
SUBTOTAL of Disbursements This Page (optional)	<div>6000.00</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) America Works Committee</p> <p>Mailing Address 607 14th Street, NW Ste. 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2008 Contribution</p> <p>Candidate Name America Works Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15924837 Date of Disbursement <div>09 / 16 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>2500.00</div></p> <p>2008 Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Porter For Congress</p> <p>Mailing Address 7840 Red Leaf Drive</p> <p>City Las Vegas State NV Zip Code 89131</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Jon C. Porter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15924839 Date of Disbursement <div>09 / 16 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>1000.00</div></p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Vic Snyder for Congress</p> <p>Mailing Address 1020 West 3rd</p> <p>City Little Rock State AR Zip Code 72201</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Vic Snyder</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15924842 Date of Disbursement <div>09 / 16 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>1000.00</div></p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Graves For Congress

Mailing Address 2345 Grand Suite 2400

City State Zip Code
 Kansas City MO 64108

Purpose of Disbursement
 Contribution

Candidate Name
 Rep. Samuel B. Graves, Jr.

011
 Category/
 Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MO District: 06

Transaction ID: 15924844

Date of Disbursement

09 / 16 / 2008

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Jim Marshall

Mailing Address 586 Orange Street

City State Zip Code
 Macon GA 31201

Purpose of Disbursement
 Contribution

Candidate Name
 Rep. Jim Marshall

011
 Category/
 Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: GA District: 08

Transaction ID: 15924845

Date of Disbursement

09 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Niki Tsongas Committee, The

Mailing Address PO Box 1454

City State Zip Code
 Lowell MA 01853

Purpose of Disbursement
 Contribution

Candidate Name
 Nicola Tsongas

011
 Category/
 Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MA District: 05

Transaction ID: 15924846

Date of Disbursement

09 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Friends Of Jay Rockefeller Mailing Address PO Box 1909	Transaction ID: 15924847 Date of Disbursement <div> <div>09</div> <div>16</div> <div>2008</div> </div>
City Charleston State WV Zip Code 25327 Purpose of Disbursement Contribution Candidate Name Sen. John D. Rockefeller, IV Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District:	Amount of Each Disbursement this Period <div>2000.00</div> Contribution
B. Full Name (Last, First, Middle Initial) Republican Majority Fund Mailing Address P.O. Box 1550 City Ponca City State OK Zip Code 74602 Purpose of Disbursement 2008 Contribution Candidate Name Republican Majority Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 15924849 Date of Disbursement <div> <div>09</div> <div>15</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> 2008 Contribution
C. Full Name (Last, First, Middle Initial) Wolverine PAC Mailing Address 607 - 14th Street, NW Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement 2008 Contribution Candidate Name Wolverine PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 15924850 Date of Disbursement <div> <div>09</div> <div>15</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>4000.00</div> 2008 Contribution

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

ERIC PAC-Every Republican is Crucial PAC

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2008 Contribution

Candidate Name
ERIC PAC-Every Republican is Crucial PAC

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 15924853

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

1500.00

2008 Contribution

B.

Full Name (Last, First, Middle Initial)

Judd Gregg Committee

Mailing Address PO Box 1812

City Concord State NH Zip Code 03302

Purpose of Disbursement
2010 Contribution

Candidate Name
Sen. Judd Gregg

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District:

Transaction ID: 15924854

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

2010 Contribution

C.

Full Name (Last, First, Middle Initial)

Collins For Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
Contribution

Candidate Name
Sen. Susan M. Collins

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: ME District:

Transaction ID: 15924858

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Don Payne For Congress

Mailing Address P.O. Box 2406

City
Newark

State
NJ

Zip Code
07114

Purpose of Disbursement
Contribution

Candidate Name
Rep. Donald M. Payne

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 10

Transaction ID: 15924862

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Culberson For Congress

Mailing Address P.O. Box 41964

City
Houston

State
TX

Zip Code
77241

Purpose of Disbursement
Contribution

Candidate Name
Rep. John Abney Culberson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 07

Transaction ID: 15924874

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

4000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Stupak For Congress

Mailing Address 817 Ninth Avenue, P.O. Box 156

City
Menominee

State
MI

Zip Code
49858

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bart Stupak

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 01

Transaction ID: 15924945

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

800.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5800.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Friends of Jim Clyburn	Transaction ID: 15924951 Date of Disbursement																				
Mailing Address P.O. Box 12567	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	0	8												
City Columbia State SC Zip Code 29211	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. James E. Clyburn	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
B. Full Name (Last, First, Middle Initial) Lautenberg For Senate	Transaction ID: 15924952 Date of Disbursement																				
Mailing Address Riverfront Plaza Station PO Box 200596	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	0	8												
City Newark State NJ Zip Code 07102	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. Frank R. Lautenberg	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
C. Full Name (Last, First, Middle Initial) Engel For Congress	Transaction ID: 15924953 Date of Disbursement																				
Mailing Address 462 California Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	0	8												
City Bronxville State NY Zip Code 10708	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Rep. Eliot L. Engel	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Fattah For Congress

Mailing Address 3900 Ford Road Suite 12-O

City Philadelphia State PA Zip Code 19131

Purpose of Disbursement
Contribution

Candidate Name
Rep. Chaka Fattah

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 02

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15924955

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Bill Posey

Mailing Address 1824 South Fiske Boulevard

City Rockledge State FL Zip Code 32955

Purpose of Disbursement
Contribution

Candidate Name
Mr. Bill Posey

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 15

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15924960

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

John D. Dingell For Congress Committee

Mailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name
Rep. John D. Dingell

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 15

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15924965

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Shelley Moore Capito For Congress

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
Contribution

Candidate Name
Rep. Shelley Moore Capito

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: WV District: 02

Transaction ID: 15944122

Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Committee To Reelect Congressman Chris Smith

Mailing Address P.O. Box 3184

City Hamilton State NJ Zip Code 08619

Purpose of Disbursement
Contribution

Candidate Name
Rep. Christopher H. Smith

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: NJ District: 04

Transaction ID: 15944123

Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Arcuri For Congress

Mailing Address P.O. Box 8508

City Utica State NY Zip Code 13505

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael A. Arcuri

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: NY District: 24

Transaction ID: 15944124

Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Bob Filner For Congress

Mailing Address PO Box 127868

City
San DiegoState
CAZip Code
92112Purpose of Disbursement
ContributionCandidate Name
Rep. Bob Filner011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 51

Transaction ID: 15944125

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Amount of Each Disbursement this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dreier For Congress Committee

Mailing Address P.O. Box 505

City
UplandState
CAZip Code
91785Purpose of Disbursement
ContributionCandidate Name
Rep. David Dreier011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 26

Transaction ID: 15944126

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 1425

City
SacramentoState
CAZip Code
95814Purpose of Disbursement
ContributionCandidate Name
Rep. Anna G. Eshoo011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 14

Transaction ID: 15944127

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City State Zip Code
Uwchland PA 19480

Purpose of Disbursement
Contribution

Candidate Name
Rep. James W. Gerlach

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 06

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15944128

Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

2000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Murtha For Congress Committee

Mailing Address 551 Main Street
Suite 120

City State Zip Code
Johnstown PA 15901

Purpose of Disbursement
Contribution

Candidate Name
Rep. John P. Murtha

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 12

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15944129

Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

3000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Charlie Dent For Congress

Mailing Address PO Box 442

City State Zip Code
Allentown PA 18105

Purpose of Disbursement
Contribution

Candidate Name
Rep. Charles W. Dent

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 15

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15944130

Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

New Millenium PAC

Mailing Address Post Office Box 632

City
Union CityState
NJZip Code
07087Purpose of Disbursement
2008 ContributionCandidate Name
New Millenium PAC

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 15944131

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	8

Amount of Each Disbursement this Period

2008 Contribution

B.

Full Name (Last, First, Middle Initial)

Dutch Ruppersberger For Congress

Mailing Address 22 West Padonia Road Suite C-141

City
TimoniumState
MDZip Code
21093Purpose of Disbursement
ContributionCandidate Name
Rep. C.A. Dutch Ruppersberger

Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 02

Transaction ID: 15944133

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	8

Amount of Each Disbursement this Period

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Rosa DeLauro

Mailing Address 12 Trumbull Street

City
New HavenState
CTZip Code
06511Purpose of Disbursement
ContributionCandidate Name
Rep. Rosa L. DeLauro

Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 03

Transaction ID: 15944134

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	8

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Larson For Congress Mailing Address 29 Ruff Circle	Transaction ID: 15944135 Date of Disbursement <div> <div>09</div> <div>19</div> <div>2008</div> </div>
City Glastonbury State CT Zip Code 06033 Purpose of Disbursement Contribution Candidate Name Rep. John B. Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 01	Amount of Each Disbursement this Period <div>1000.00</div> Contribution
B. Full Name (Last, First, Middle Initial) Jackie Speier For Congress Mailing Address PO Box 112 City Burlingame State CA Zip Code 94011 Purpose of Disbursement Contribution Candidate Name Jackie Speier Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 12	Transaction ID: 15944136 Date of Disbursement <div> <div>09</div> <div>19</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>2000.00</div> Contribution
C. Full Name (Last, First, Middle Initial) Committee To Re-Elect Henry Hank Johnson Mailing Address 6440 Old Hillandale Drive Suite 262 City Lithonia State GA Zip Code 30058 Purpose of Disbursement Contribution Candidate Name Rep. Henry C. Johnson, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 04	Transaction ID: 15944137 Date of Disbursement <div> <div>09</div> <div>19</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Moore For Congress

Mailing Address PO Box 16646

City
Milwaukee

State
WI

Zip Code
53216

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gwen Moore

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 04

Transaction ID: 15944138

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

1500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mary Bono Mack Committee

Mailing Address P.O. Box 3370

City
Palm Springs

State
CA

Zip Code
92263

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mary Bono Mack

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: 15944139

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Citizens For Altmire

Mailing Address P.O. Box 1776

City
Freedom

State
PA

Zip Code
15042

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jason Altmire

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: 15944140

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Doggett For Us Congress

Mailing Address 1157 San Bernard

City
Austin

State
TX

Zip Code
78702

Purpose of Disbursement
Contribution

Candidate Name
Rep. Lloyd Doggett

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 25

Transaction ID: 15944141

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mike McIntyre For Congress

Mailing Address P.O. Box 1

City
Lumberton

State
NC

Zip Code
28359

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mike McIntyre

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 07

Transaction ID: 15944142

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Dave Reichert

Mailing Address P. O. Box 53322

City
Bellevue

State
WA

Zip Code
98015

Purpose of Disbursement
Contribution

Candidate Name
Rep. David George Reichert

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 08

Transaction ID: 15947918

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Arcuri For Congress	Transaction ID: 15947928 Date of Disbursement
Mailing Address P.O. Box 8508	<div> <div>09</div> <div>19</div> <div>2008</div> </div>
City State Zip Code Utica NY 13505	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Michael A. Arcuri	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) Nita Lowey For Congress	Transaction ID: 15947982 Date of Disbursement
Mailing Address PO Box 271	<div> <div>09</div> <div>19</div> <div>2008</div> </div>
City State Zip Code White Plains NY 10605	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Nita M. Lowey	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Yarmuth For Congress	Transaction ID: 15947989 Date of Disbursement
Mailing Address 1819 Brownsboro Road Suite 100	<div> <div>09</div> <div>19</div> <div>2008</div> </div>
City State Zip Code Louisville KY 40206	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. John A. Yarmuth	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Heath Shuler For Congress

Mailing Address PO Box 8446

City
Asheville

State
NC

Zip Code
28814

Purpose of Disbursement
Contribution

Candidate Name
Rep. Heath Shuler

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: 15947991

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City
Eden Prairie

State
MN

Zip Code
55344

Purpose of Disbursement
Contribution

Candidate Name
Mr. Erik Paulsen

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 03

Transaction ID: 15947993

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Lance for Congress

Mailing Address PO Box 225

City
Colonia

State
NJ

Zip Code
07067

Purpose of Disbursement
Contribution

Candidate Name
Leonard Lance

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: 15947996

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Halvorson For Congress	Transaction ID: 15948007 Date of Disbursement
Mailing Address 1395 C Main St	<div> <div>09</div> <div>19</div> <div>2008</div> </div>
City State Zip Code Crete IL 60417	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Debbie Halvorson	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Contribution
B. Full Name (Last, First, Middle Initial) Johanns for U.S. Senate	Transaction ID: 15949176 Date of Disbursement
Mailing Address 228 S. Washington Street Suite B-20	<div> <div>09</div> <div>19</div> <div>2008</div> </div>
City State Zip Code Alexandria VA 22314	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Mike Johanns	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:	Contribution
C. Full Name (Last, First, Middle Initial) Rogers For Congress	Transaction ID: 15950444 Date of Disbursement
Mailing Address PO Box 581	<div> <div>09</div> <div>19</div> <div>2008</div> </div>
City State Zip Code Brighton MI 48116	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Michael J. Rogers	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 08	Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Childers for Congress

Mailing Address PO Box 177

City
Booneville

State
MS

Zip Code
38829

Purpose of Disbursement
Contribution

Candidate Name
Travis Childers

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MS District: 01

Transaction ID: 15950909

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Congressman Bill Young Campaign Committee

Mailing Address P. O. Box 47025

City
St. Petersburg

State
FL

Zip Code
33743

Purpose of Disbursement
Contribution

Candidate Name
Rep. C.W. Bill Young

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 10

Transaction ID: 15951506

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Nunes For Congress

Mailing Address PO Box 891

City
Pixley

State
CA

Zip Code
93256

Purpose of Disbursement
Contribution

Candidate Name
Mr. Devin Nunes

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 21

Transaction ID: 15951651

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bart Gordon

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: 15951800

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Jim Jordan For Congress

Mailing Address 1709 State Route 560 South

City Urbana State OH Zip Code 43078

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jim Jordan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 04

Transaction ID: 15968563

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Friends Of Charlie Wilson

Mailing Address P.O. Box 61

City St. Clairsville State OH Zip Code 43950

Purpose of Disbursement
Contribution

Candidate Name
Rep. Charles Wilson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 06

Transaction ID: 15968881

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Tiberi For Congress	Transaction ID: 15969167 Date of Disbursement
Mailing Address 2021 E Dublin Granville Road Suite 2000	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 8</div> </div>
City Columbus State OH Zip Code 43229	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Patrick J. Tiberi	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) Steve Austria For Congress	Transaction ID: 15969462 Date of Disbursement
Mailing Address 2537 Obetz Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 8</div> </div>
City Beavercreek State OH Zip Code 45434	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Mr. Steve Austria	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Stivers For Congress	Transaction ID: 15969663 Date of Disbursement
Mailing Address 81 S Fifth Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 8</div> </div>
City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name Mr. Steve Stivers	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Betty Sutton For Congress

Mailing Address 1700 W. Market St. #155

City Akron State OH Zip Code 44313

Purpose of Disbursement
Contribution

Candidate Name
Rep. Betty Sutton

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 13

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15969899

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Tim Ryan For Congress

Mailing Address 1600 Roosevelt Avenue
Suite 804

City Niles State OH Zip Code 44446

Purpose of Disbursement
Contribution

Candidate Name
Rep. Timothy J. Ryan

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 17

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15970079

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

John Salazar For Congress

Mailing Address PO Box 534

City Pueblo State CO Zip Code 81002

Purpose of Disbursement
Contribution

Candidate Name
Rep. John T. Salazar

Office Sought: ☒ House
☐ Senate
☐ President

State: CO District: 03

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15970326

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Friends Of Sessions Senate Committee Inc

Mailing Address P O Box 4278

City Montgomery State AL Zip Code 36103

Purpose of Disbursement
Contribution

Candidate Name
Sen. Jeff Sessions

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: AL District:

Transaction ID: 15970549

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Committee To Re-Elect Artur Davis To Congress, The

Mailing Address PO Box 1845

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
Contribution

Candidate Name
Rep. Artur Davis

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: AL District: 07

Transaction ID: 15970753

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

3000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mario Diaz-Balart For Congress

Mailing Address 95 Merrick Way, Suite 250

City Coral Gables State FL Zip Code 33134

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mario Diaz-Balart

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: FL District: 25

Transaction ID: 15970938

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Lincoln Diaz-Balart For Congress

Mailing Address 95 Merrick Way Suite 250

City State Zip Code
Coral Gables FL 33134

Purpose of Disbursement
Contribution

Candidate Name
Rep. Lincoln G. Diaz-Balart

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 21

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15971094

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Debbie Wasserman Schultz for Congress

Mailing Address 1071 Twin Branch Ln

City State Zip Code
Weston FL 33326

Purpose of Disbursement
Contribution

Candidate Name
Rep. Debbie Wasserman-Schultz

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 20

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15971573

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Graves For Congress

Mailing Address 2345 Grand Suite 2400

City State Zip Code
Kansas City MO 64108

Purpose of Disbursement
Contribution

Candidate Name
Rep. Samuel B. Graves, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

State: MO District: 06

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 15971864

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dave Wu For U.S. Congress

Mailing Address 818 Sw Third Ave. #1182

City
PortlandState
ORZip Code
97204Purpose of Disbursement
Contribution

011

Category/
TypeCandidate Name
Rep. David WuOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 01

Transaction ID: 15972020

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Kuhl For Congress

Mailing Address 10 Ganesvoort Street
Suite 101City
BathState
NYZip Code
14810Purpose of Disbursement
Contribution

011

Category/
TypeCandidate Name
Rep. John Randall Kuhl, Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 29

Transaction ID: 15972316

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Weiner

Mailing Address 1 Ascan Avenue #31
Suite 31City
Forest HillsState
NYZip Code
11375Purpose of Disbursement
Void of 6/08 check

011

Category/
TypeCandidate Name
Rep. Anthony D. WeinerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 09

Transaction ID: 15973539

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Amount of Each Disbursement this Period

-1000.00

Void of 6/08 check

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Dave Wu For U.S. Congress	Transaction ID: 15973677 Date of Disbursement																				
Mailing Address 818 Sw Third Ave. #1182	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	8												
City Portland State OR Zip Code 97204	Amount of Each Disbursement this Period																				
Purpose of Disbursement Void of 7/08 check	<table border="1"> <tr> <td>-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Candidate Name Rep. David Wu	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Void of 7/08 check																					
B. Full Name (Last, First, Middle Initial) PETEPAC: People for Enterprise Trade & Econ Growth	Transaction ID: 15985360 Date of Disbursement																				
Mailing Address 3686 King Street #146	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	0	8												
City Alexandria State VA Zip Code 22302	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2008 Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name PETEPAC: People for Enterprise Trade & Econ Growth	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
2008 Contribution																					
C. Full Name (Last, First, Middle Initial) Barbara Lee For Congress	Transaction ID: 15985361 Date of Disbursement																				
Mailing Address 1736 Franklin Street #400	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	0	8												
City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Barbara Lee	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City
SacramentoState
CAZip Code
95841Purpose of Disbursement
ContributionCandidate Name
Rep. Michael Thompson011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: 15985362

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Radanovich For Congress

Mailing Address 30151 Tomas Street

City
Rancho Sta MrgritaState
CAZip Code
92688Purpose of Disbursement
ContributionCandidate Name
Rep. George P. Radanovich011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 19

Transaction ID: 15985363

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Sam Farr for Congress

Mailing Address 1010 S Street

City
SacramentoState
CAZip Code
95814Purpose of Disbursement
ContributionCandidate Name
Rep. Sam Farr011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 17

Transaction ID: 15985364

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Patrick Murphy For Congress

Mailing Address P.O. Box 868

City
Levittown

State
PA

Zip Code
19058

Purpose of Disbursement
Contribution

Candidate Name
Rep. Patrick Murphy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: 15985365

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

4000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Cantor For Congress

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement
Contribution

Candidate Name
Rep. Eric I. Cantor

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: 15985366

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Gerry Connelly for Congress

Mailing Address PO Box 563

City
Merrifield

State
VA

Zip Code
22116

Purpose of Disbursement
Contribution

Candidate Name
Gerry Connelly

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 11

Transaction ID: 15985367

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) King For Congress	Transaction ID: 15985371 Date of Disbursement
Mailing Address 126 Des Moines Street P.O. Box 576	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 8</div> </div>
City Odebolt State IA Zip Code 51458	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Steve A. King	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 05	Contribution
B. Full Name (Last, First, Middle Initial) Friends Of Congressman Tim Holden	Transaction ID: 15985372 Date of Disbursement
Mailing Address 18 N. Second St., Box 37 PO Box 37	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div>
City Saint Clair State PA Zip Code 17970	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>3000.00</div>
Candidate Name Rep. Tim Holden	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 17	Contribution
C. Full Name (Last, First, Middle Initial) Childers for Congress	Transaction ID: 15985373 Date of Disbursement
Mailing Address PO Box 177	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div>
City Booneville State MS Zip Code 38829	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name Travis Childers	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District: 01	Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Matsui For Congress

Mailing Address PO Box 1738

City
Sacramento

State
CA

Zip Code
95812

Purpose of Disbursement
Contribution

Candidate Name
Rep. Doris Matsui

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 05

Transaction ID: 15985374

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

4000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

LINCPAC - Leadership in the New Century PAC

Mailing Address 818 Connecticut Ave.,NW
Suite 1100

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
2008 Contribution

Candidate Name
LINCPAC - Leadership in the New Century PAC

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 15989824

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

5000.00

2008 Contribution

C.

Full Name (Last, First, Middle Initial)

Cummings For Congress Campaign Committee

Mailing Address PO Box 1631

City
Baltimore

State
MD

Zip Code
21203

Purpose of Disbursement
Contribution

Candidate Name
Rep. Elijah E. Cummings

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 07

Transaction ID: 15989826

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Campaign for Change	Transaction ID: 16022995 Date of Disbursement
Mailing Address 202 Bonham Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div>
City Dedham State MA Zip Code 02026	Amount of Each Disbursement this Period
Purpose of Disbursement 2008 Contribution Candidate Name Campaign for Change	<div> <div>5000.00</div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
2008 Contribution	
B. Full Name (Last, First, Middle Initial) Napolitano For Congress	Transaction ID: 16023010 Date of Disbursement
Mailing Address 555 Capitol Mall, Suite 1425	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 8</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Rep. Grace F. Napolitano	<div> <div>1500.00</div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 38	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Committee To Elect McHugh	Transaction ID: 16023011 Date of Disbursement
Mailing Address 228 S. Washington St. Ste. 115 Suite 115	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div>
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Rep. John M. McHugh	<div> <div>2000.00</div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

221475.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

National Research, Inc.

Mailing Address 146 State Highway 34
Suite 250

City Holmdel State NJ Zip Code 07733

Purpose of Disbursement
Polling Services

Candidate Name

005

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 15884060

Date of Disbursement

09 / 04 / 2008

Amount of Each Disbursement this Period

13500.00

Polling Services

B.

Full Name (Last, First, Middle Initial)

National Research, Inc.

Mailing Address 146 State Highway 34
Suite 250

City Holmdel State NJ Zip Code 07733

Purpose of Disbursement
In-Kind to Christopher Shays (CT-04). See Line 23.

Candidate Name

005

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 15884065

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

-4875.00

In-Kind to Christopher Shays (CT-04). See Line 23.

C.

Full Name (Last, First, Middle Initial)

Merchant Bankcard

Mailing Address 1601 Elm Street

City Dallas State TX Zip Code 75201

Purpose of Disbursement
Merchant Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 15988624

Date of Disbursement

09 / 03 / 2008

Amount of Each Disbursement this Period

80.46

Merchant Fees

SUBTOTAL of Disbursements This Page (optional)

8705.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Merchant Bankcard

Mailing Address 1601 Elm Street

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement
Merchant Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 15988626

Date of Disbursement

09 / 04 / 2008

Amount of Each Disbursement this Period

170.30

Merchant Fees

B.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Bank Fee

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 15988633

Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

39.13

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

209.43

TOTAL This Period (last page this line number only)

8914.89